

**MULTIPLE DEPENDENT
FEE CALCULATION FORM
(FOR USE WITH FORM P)**

IM
T
15)

APPLICANT(S)

665757

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.	9					
TOTAL DEP.	38					
TOTAL CLAIMS	47					

	IND.		DEP.		IND.		DEP.		IND.		DEP.	
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